

KUDRON

READY MIX

P.O. Box 720899 OKC, OK 73172

Phone: 405-373-4999

Fax: 405-722-2575

Driver Application

Position Applied for:	Date of Application:	Who Referred You (if current employee, provide full name)?		
Name: (Last Name)		(First Name)	(MI)	
Address: (Street)		(City)	(State)	(Zip)
Telephone Numbers: (Home, Work, Cell)		How long have you lived at the above address? (Indicate in months or years)		

Previous Residences: List addresses for the last three (3) years in reverse chronological order.

(Street)	(City)	(State)	(Zip)	How Long?

Have you ever been employed with Kudron Ready Mix or any of its affiliates before? Yes No
 If Yes, when, where and in what position? _____

To avoid conflicts of interest, please list any relative(s) employed at Kudron Ready Mix and indicate their relationship.

If hired, can you offer proof that you are at least 18 years of age? Yes No

Are you legally eligible for employment in the United States? Yes No
(Proof of eligibility for employment in the U.S. will be required upon employment)

On what date would you be eligible for work? _____

Are you willing to work any Saturdays and overtime if asked? Yes No

Have you ever been discharged or asked to resign from any previous jobs? Yes No

Please provide details below if the answer to the last above is "Yes":

Have you ever been convicted of any crime other than minor traffic violations in the last 10 years?
(A conviction record will not necessarily disqualify you from employment with Kudron Ready Mix)

Yes No

Provide the details of any criminal violation that occurred in the past 10 years. Do not include information concerning convictions that have been expunged, judicially sealed or statutorily eradicated. Attach an additional sheet if more room is necessary.

Date (mm/yyyy)	Criminal Violation	Penalty	Jurisdiction (County & State)

If the position for which you are applying for requires the operation of a company vehicle, please provide information on all traffic violations you have incurred in the past three (3) years in the space below or attach an additional sheet with such information.

Date (mm/yyyy)	Traffic Violation	Penalty	Jurisdiction (County & State)

Are you currently employed?

Yes No

If Yes, may we contact your present employer?

Yes No

Education:

	Elementary/ Jr. High	H gh School	College/University	Gr: d / Prof / Tech
School Name and City, State				
Years Completed (circle one)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			GPA:	GPA:
Describe Course of Study				
Other Specialized Training and/or Skills or Special Honors that you believe are relevant for the position in which you are applying				

Please provide any additional information that is relevant to the position in which you are applying:
 Qualifications or skills that you feel are important; Skill level and ability to operate any tools, equipment,
 office machinery or data processing equipment; Licenses that you hold (i.e., wastewater operator or
 welding)

Employment Experience: **Attention Driver Applicants!** DOT regulations require Driver Applicants to document the past 10 years of history. For all applicants, start with your present or most recent job and list previous employment, in reverse chronological order. Include periods of unemployment, schooling or military service. Please include any other name under which records of such employment may appear. Attach a supplement sheet if more space is needed.

1. Employer (Start with most current first)		Dates Employed		Work Performed
		From (mm/yyyy)	To (mm/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) while employed here? [] Yes [] No				
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? [] Yes [] No				

2. Employer		Dates Employed		Work Performed
		From (mm/yyyy)	To (mm/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) while employed here? [] Yes [] No				
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? [] Yes [] No				

3. Employer		Dates Employed		Work Performed
		From (mm/yyyy)	To (mm/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) while employed here? [] Yes [] No				
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? [] Yes [] No				

Employment History Supplement

(All applicants complete as needed.)

4. Employer		Dates Employed		Work Performed
		From (mm/yyyy)	To (mm/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

5. Employer		Dates Employed		Work Performed
		From (mm/yyyy)	To (mm/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

6. Employer		Dates Employed		Work Performed
		From (mm/yyyy)	To (mm/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Driver Application Supplement (Only complete this section if you are applying for a driver position)

Driver Applicant Name: _____

Social Security Number: _____ Date of Birth: _____

Driver Experience and Qualifications

Driver licenses held in past three (3) years must be shown:

State	License Number	Type/Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? [] Yes [] No

Have any license, permit or privilege ever been suspended or revoked? [] Yes [] No

Have you ever been disqualified subject to section 391.15 of the FMCS Regulations? [] Yes [] No

Do you have any restrictions on your license? (i.e., automatic restriction) [] Yes [] No

After reading the job description within this application, is there any reason you will NOT be able to perform the functions of the job? [] Yes [] No

If the answer to any of the above is "yes" for any situation occurring during the past three (3) years, please explain the situation in the space below:

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, ect.)	Dates		Approx. number of Miles Driven (Total)
		From (mm/yyyy)	To (mm/yyyy)	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

List all states in which you operated a commercial motor vehicle:

Have you taken any special courses or training for driving?

List any safe driving awards you hold and from whom?

Accident Review for Past Three (3) years (Attach additional sheet if more space is needed)

Dates (mm/dd/yyyy)	Nature of Accident (head-on, rear-end, upset, etc..)	Fatalities	Injuries	Hazmat Spill
Last Accident:		[] Yes [] No	[] Yes [] No	[] Yes [] No
Next Previous:		[] Yes [] No	[] Yes [] No	[] Yes [] No
Next Previous:		[] Yes [] No	[] Yes [] No	[] Yes [] No

Professional References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION – PLEASE READ CAREFULLY

In the event of my employment, I agree that I will abide by all present and subsequently issued policies and rules of the company, and I agree at the time of my hiring to complete Form I-9 of the Department of Homeland Security and U.S. Citizenship and Immigration Services as to my identity and employment status. I also agree that if hired I will advise the company if I am presently subject to any income withholding order for child support payments.

I hereby unconditionally authorize Kudron Ready Mix, its employees, and agents, to conduct an unrestricted background investigation of me to such extent as determined by the Company and in its sole discretion. This authorization includes, but is not limited to, any and all information concerning previous employment and educational records, credential verification, and personal and professional reference data. I understand that background investigations may include, as appropriate, criminal history, credit history, driving records and reference checks.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. The company may use and distribute a copy of this authorization for any purpose deemed necessary, and a copy shall operate just as effectively as the original. I agree that this authorization is irrevocable.

I certify that the answers given by me to the foregoing questions and statements on this application and on the said Form I-9 are true and correct, and I understand that any misleading or incorrect statements may be cause for denial or termination of employment, and that the Company will not be liable in any respect if my employment is so denied or terminated because of false, misleading, or incorrect statements, answers, or omissions made by me.

I understand that if an offer of employment is made, it will be a conditional offer of employment. All conditional offers of employment are conditioned on the satisfactory results of any background investigation, including a drug screen, and if appropriate, a placement physical and DMV record check. I understand further that any misleading, incorrect, or incomplete statements in response to such questions or in the course of a drug test or medical examination may result in denial or termination of employment.

I understand and agree that if hired, my employment will be "at will" for no definite period and may be terminated at any time for any reason by wither me or the company. In understand that no agent of the company has any authority to modify this "at will" status except in an express writing, specific to me, signed by an owner or office of the company. I understand that the Company otherwise has the right to modify, amend, or terminate policies, practices, benefit plans and other programs within the limits and requirements imposed by law.

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Signature of Applicant

Notice to applicants:

- For hourly driver positions: applications will be kept active for six months.
- For all other hourly and salaried positions, this application is specific to the job for which you applied, and you must complete another application for any future opportunities which could become available.

AN EQUAL OPPORTUNITY EMPLOYER

Kudron Ready Mix does not discriminate on the basis of race, color, national origin, age, religion, veteran status, disability or sex; and it will comply with all applicable federal, state, and local laws prohibiting employment discrimination. No person shall be denied employment solely because of any disability which is unrelated to the ability to perform the essential functions involved in the position for which application has been made either with or without reasonable accommodations.

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five-day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

I certify that I have read this Notification of Driver Rights, and understand my Rights with 49 CFR Part 40 §391.23

Date

Signature of Applicant

CDL Driver Job Description

JOB DESCRIPTION:

Drives truck with auxiliary concrete mixer to deliver ready mix concrete to various sites. Drivers are required to climb ladders to check each load of concrete. Trucks are inspected each morning at the start of the shift and each evening at the end of the shift to ensure there are no mechanical issues with the truck. Each day prior to the first load Drivers will lift truck hood to inspect such items before completing a pre-trip inspection. This includes adding any types of fluids such as oil or hydraulic oil to trucks when needed, inspecting tires and checking pressure with tire gauge. Drivers unload concrete and operate chutes to disburse concrete into various containers or locations (wheelbarrow, site area, etc.). After each load delivered mixer drum and truck is cleaned to ensure all concrete is washed off to prevent buildup in the drum, outside the drum and hopper. This is also done at the end of the shift. Lunch hours are not designated; breaks are given between deliveries. Drivers are required to have a flexible working schedule. Shifts sometimes start as early as 5am and as late as 7pm. Most all work is done outside the vehicle and Drivers must work in all types of environmental conditions including extreme temperatures. Must be able to read and write and interpret driving directions. Each day the Driver will fill out a vehicle examination report and a driver's log if necessary.

PHYSICAL REQUIREMENTS:

Drivers are required to stand, stoop, sit, bend, climb, squat, and walk frequently. Drivers will sit for extended periods of time driving to job sites. The ability to lift 50 lbs. or more, sometimes above shoulder height is required for cleaning and utilizing chutes. Drivers climb up and down the ladder each day checking loads. The ladder is manually lowered and raised and requires about 10 lbs. of force. Drivers must balance on ladder while cleaning and inspecting the truck. Lifting the hood of the truck is done daily to inspect the engine, requiring driver to reach above shoulder height and lifting and closing the hood. While checking tire pressure drivers are required to stand, stoop or squat frequently in order to gauge tire pressure. Drivers must step in and out of the cab of the mixer truck with heights of approximately 20" for the first step and up to 16" for each subsequent step. Trucks have standard transmissions which require the use of both feet as well as both hands for steering and moving gears.

Date

Signature of Applicant